

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573600

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5	1					
6						
7						
8						
9						
10	1					
11						
12						
13						
14	1					
15						
16						
17						
18	1					
19						
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21						
22	1					
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25						
26	1					
27						
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30	1					
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33	1					
34						
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36						
37						
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39						
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41						
42						
43						
44						
45						
46	1					
47	1					
48						
49						
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	46	←		←		←
TOTAL CLAIMS	58					